

UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONCIDANTION | |
|---|------------------|----------------------|-------------------------|-------------------|--|
| 10/041,802 | 10/29/2001 | Berthold Kramm | P-8916.00 | CONFIRMATION NO. | |
| | 590 03/09/2005 | | EXAM | EXAMINER | |
| MEDTRONIC, INC. 710 MEDTRONIC PARKWAY NE MS-LC340 MINNEAPOLIS, MN 55432-5604 | | | KENNEDY, | KENNEDY, SHARON E | |
| | | | ART UNIT | PAPER NUMBER | |
| MINNEAFOLI | , MIN 33432-3604 | | 3762 | | |
| | | | DATE MAILED: 03/09/2005 | i | |

Please find below and/or attached an Office communication concerning this application or proceeding.

| • | Application No. Applicant(s) | | |
|---|---|---|-------|
| Intonvious Commons | 10/041,802 | KRAMM ET AL. | |
| Interview Summary | Examiner | Art Unit | |
| | Sharon Kennedy | 3762 | |
| All participants (applicant, applicant's representative, PTO | personnel): | | |
| (1) <u>Sharon Kennedy</u> . | (3) | | |
| (2) <u>Danial Chapik</u> . | (4) | | |
| Date of Interview: <u>07 March 2005</u> . | | | |
| Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2 | 2)∏ applicant's representative | ·] | |
| Exhibit shown or demonstration conducted: d) Yes If Yes, brief description: | e) <u></u> No. | | |
| Claim(s) discussed: 12 and 17. | | | , |
| Identification of prior art discussed: N/A. | | | , |
| Agreement with respect to the claims f) was reached. | ı)⊠ was not reached. h)□ N | I/A. | |
| Substance of Interview including description of the general reached, or any other comments: <u>Clarified that 112, sixth pwhich is not acceptable</u> . "Means FOR" is strictly required. function recitation. Thus, the examiner is not limited to find | aragraph not invoked because Claim 17 does not contain an | e claim 12 recites "mea ything resembling a me | |
| (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached | opy of the amendments that w | | |
| THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT Summary of Record of Interview requirements on reverse s | last Office action has already THE MAILING DATE OF THE OF THE SUBSTANCE OF TH | been filed, APPLICAN S INTERVIEW SUMMA | IT IS |
| | | | |
| | | | |
| | | | |
| | | | |
| | / | | |
| | | | |

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Sharon Kennedy
Sharon Kennedy
Primary Examiner
Examiner's signature, if required